

Arkansas FFA Association
Student Emergency Contact Form Audio/Photo/Video Release (Revised 2004)

Student Must Have a Completed Form on File In Order To Participate in Arkansas FFA Association Activities-Please Type or Print Plainly

Student Name: _____ Home Phone: (____) _____
FFA Chapter: _____ Chapter Phone: (____) _____
Advisor: _____ Chaperone: _____
Home Address: _____ City, State, Zip: _____
Guardian/Mother: _____ Work Phone: (____) _____ Cell Phone: (____) _____
Guardian/Father: _____ Work Phone: (____) _____ Cell Phone: (____) _____
Alternate Emergency Contact: _____ Work Phone: (____) _____ Cell Phone: (____) _____
Family Doctor: _____ Address: _____ Phone: (____) _____
Insurance Carrier: _____ Address: _____ Phone: (____) _____
Name of Insured: _____ Policy #: _____

Please list any health concerns that the conference staff needs to be aware of: _____
Asthma____, heart condition____, convulsions____, diabetes____, fainting spells____, menstrual problems____, migraines____
Allergies: food (please list)_____ insect bites____, bee stings____, poison ivy/oak____,
Drug Allergies/Reactions: Penicillin____, aspirin____, other (please list)_____
Date of last tetanus immunization_____, tetanus antitoxin_____, tetanus toxoid_____, measles booster_____
Please list any specific activities to be restricted: _____

Policy of student's home school district will be followed in regards to use of any medications while student is in transit to/from and attending Arkansas FFA Association activities. Please list any prescription or non-prescription medication that your student may be using: _____

Parent/Guardian Authorization Statement: Must Be Signed By Parent or Guardian

We are willing for our son/daughter to participate in activities of the Arkansas FFA Association. As a part of Arkansas FFA Association activities photographs, audio and video records are made for historical and publicity purposes. We hereby grant the Arkansas FFA Association permission to make still or motion pictures and sound recordings, separately or in combination, and also give a production company approved by the Arkansas FFA Association permission to use the finished silent or sound pictures and/or sound recordings as deemed necessary. Further, we do hereby relinquish to the Arkansas FFA Association all rights, title, interest in, and income from the finished sound or silent motion pictures, still pictures, and/or sound recordings, negatives, prints, reproductions and copies of the originals, negatives, recording duplicates and prints, and further grant the Arkansas FFA Association the right to give, sell, transfer and/or exhibit the same to any individual, business firm, publication, television station, radio station or network, or governmental agency, or to any of their assignees, without payment or other consideration to us. Agreement to perform under camera, lighting and stated conditions is voluntary and we do hereby waive all personal claims, causes of action, or damages against the Arkansas FFA Association and the staff thereof, arising from a performance or appearance. As a part of some activities, commemorative videos may be developed for sale with proceeds benefiting the Arkansas FFA Association, Arkansas FFA Foundation, Arkansas FFA Camp Couchdale and/or other activities of the Arkansas FFA Association. We understand that medical and/or hospital care will be available and provided if an illness and/or injury develops, and that we will be notified as soon as possible in such instance. We do hereby authorize the State FFA Advisor and/or State FFA Executive Secretary or their designate to provide and/or secure any emergency treatment which may become necessary while our son/daughter is being transported to/from or in attendance at activities of the Arkansas FFA Association. We are providing our medical insurance information and will be responsible for all necessary expenses in regards to the provision of said emergency treatment. We hereby release the Arkansas FFA Association, State FFA Advisor, State FFA Executive Secretary, FFA Camp Couchdale, and their designates from any liability in regards to emergency treatment rendered to our son/daughter while in attendance at activities of the Arkansas FFA Association. We understand and accept the above statement by our signatures below:

Guardian/Mother's Signature: _____ Date: _____

Guardian/Father's Signature: _____ Date: _____